

PUBLIC HEALTH COUNCIL

A regular meeting of the Massachusetts Department of Public Health's Public Health Council was held on Tuesday, June 20, 2006, 10:00 a.m., at the China Trade Center, 2 Boylston Street, Daley Conference Room, Boston, Massachusetts. Public Health Council Members present were: Chair Mr. Paul Cote, Jr., Commissioner, Department of Public Health, Dr. Clifford Askinazi, Atty. Michael C. Hanson, Ms. Soo J. Kim, Atty. Jennifer A. Nassour, Ms. Maureen Pompeo, Mr. Albert Sherman, and Dr. Martin J. Williams; Council Member Mr. Gaylord Thayer, Jr. was absent.

Chair Cote announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance. He further noted that the Council would hear docket item No. 2 Informational Briefing on Proposed Revisions to the Determination of Need Guidelines for Radiation Therapy Services prior to the Staff Presentation.

The following members of the staff appeared before the Council to discuss and advise on matters pertaining to their particular interests: Ms. Joan Gorga, Acting Director, Determination of Need Program.

RECORDS OF THE PUBLIC HEALTH COUNCIL MEETING OF APRIL 18, 2006:

Records of the Public Health Council Meeting of April 18, 2006 had been presented to the Public Health Council for approval. After consideration, upon motion made and duly seconded, it was voted unanimously to approve the Records of the Public Health Council Meeting of April 18, 2006, as presented.

DETERMINATION OF NEED PROGRAM: INFORMATIONAL BRIEFING ON PROPOSED REVISIONS TO THE DETERMINATION OF NEED GUIDELINES FOR RADIATION THERAPY SERVICES:

Ms. Joan Gorga, Acting Director, Determination of Need Program, briefed the Council on the proposed revisions to the DoN Guidelines for Radiation Therapy Services. Ms. Gorga said in part, "...The technical changes result from more current (2002) cancer incidence data from the Massachusetts Cancer Registry and 2010 census-based population projections, which were not available when the Guidelines were prepared. The technical changes result in a projected need for 5 Radiation Therapy units in the year 2010. Adjusting for existing capacity (including the units approved under 105 CMR 100.308 Special Exemptions and the units approved as expansion units for existing services under the 1999 revisions to the Guidelines), results in a statewide need for five units by the year 2010 as indicated in Exhibit III of the Attachment in Staff's memorandum to the Council. New and innovative uses of radiation therapy which include but are not limited to intraoperative radiation therapy and stereotactic

radiosurgery are not included in the total State capacity since the Guidelines indicate that these units are to be considered outside the need calculations.”

Ms. Gorga further noted, “The Department has decided to update the need projections to the year 2010 to ensure that patients will continue to receive treatment in a timely and efficacious manner. Approval of the five additional units will improve geographic access of radiation therapy services to new patients statewide.”

A public comment period begins today and will extend for two weeks until July 5, 2006. Following the comment period, Department staff will return to the PHC probably in July to provide a review of any comments, to present any changes in response to the comments, and to request approval of the amendments to the Guidelines. In addition, Ms. Gorga said staff will probably seek an additional month for the filing of applications to give applicants enough time to put together their applications.

No Vote/Information Only

STAFF PRESENTATION: UPDATE ON PREPARATIONS FOR AN INFLUENZA PANDEMIC IN THE COMMONWEALTH, by Commissioner Paul J. Cote, Jr.

Commissioner Cote made a slide presentation and noted that the Massachusetts public health community has been working on Pandemic Influenza Planning for ten years – the first plan was released in 1995. Some excerpts follow:

- **March 2005, briefing with Governor and his senior staff on the threat of the Pandemic Influenza and what it might mean to both the health care infrastructure within Massachusetts and the continuity of all vital operations within Massachusetts.**
 - Impact on Healthcare system
 - Impact on workforce (essential services)
- **Governor directed DPH to come-up with strategies to mitigate adverse outcomes of a Pandemic Influenza Outbreak**
 - Working with various constituent groups
 - Dr. Alfred DeMaria statewide presentations on medical and scientific analysis of what Pandemic Influenza was
- **December 2005 Plan of Action to the Governor**
 - February Supplemental Budget Request by Governor for essential resources needed to address Pandemic Influenza

- **Goal: In the aftermath of a Pandemic Influenza to be in a position to state that the Commonwealth of Massachusetts has done everything that it possibly could to make sure that it dealt with the challenges that the Pandemic Influenza threat posed:**
 - Maintained essential services
 - Preserved life
 - Minimized discomfort
 - Maintained a supportive and caring network for most vulnerable residents
 - Minimized suffering for all residents
 - Protected families
 - Protected First Responders
- **Four Basic Areas of Preparation:**
 - **Assure safety of most vulnerable citizens**
 - Individuals living in nursing homes, continuing care facilities, rehabilitative care hospitals, state hospitals, community residences, mentally disabled, and physically disabled.
 - **Continuity of Society**
 - Collaboration between governmental entities and the private sector to
 - ✓ Make sure food is in stores
 - ✓ People have gasoline for their cars
 - ✓ Heating oil for homes and businesses
 - ✓ Electricity for houses and businesses
 - ✓ Water for houses and businesses
 - ✓ Public Safety
 - **Robust Surveillance System in Massachusetts, the USA and across the world**
 - Identify the strain of the influenza so that the most vulnerable populations can be identified and protected
 - Stockpile of antiviral vaccine
 - **Timely and Effective Communications**
 - Search capacity for hospital beds (direct patients to hospital that has the capacity to treat them)

- Search capacity for hospital personnel
 - ✓ Creation of the Massachusetts System for Advanced Registration of Volunteer Health Professionals (MSARVHP) to allow for pre-registration and certification
 - ✓ Indemnification for volunteers
 - ✓ Medical Reserve Corps of Massachusetts
- Information to public on how to care for themselves
 - ✓ Web site:
 - ✓ Public Service Announcements
 - ✓ 24/7 Public Hotline
 - ✓ working with the media
- Five Regional Conferences held in Massachusetts to prepare local leaders and businesses for the Influenza Pandemic

Commissioner Cote further noted that all state agencies and their private providers of care are required to have a Continuity of Operations Plan (COOP) in place. “Eighteen emergency support agencies have been required to assess its operations, and answer the question, ‘If we have a disruption in our operations, either in personnel (shortage of 40%), how are we going to make sure that we have drinkable water available? How are we going to make sure that the food supply chain is maintained? How are we going to assure that public safety, transportation and utilities are also maintained, given various scenarios? The Executive Office of Health and Human Services with 17 agencies under its umbrella is the agency responsible for the most vulnerable citizens of Massachusetts.”

Commissioner Cote stated that using a planning tool from the Centers for Disease Control and Prevention, the Department can estimate that 2 million individuals out of the 6.2 million population of Massachusetts would come down with the Pandemic Influenza (30%). Of that 2 million, 80,000 individuals (4%) would require hospitalization. Of that 80,000, 3,000 would require mechanical ventilation and 20,000 individuals would perish. It was estimated that Massachusetts would need 23,500 hospital beds for the Influenza Pandemic, which requires that Massachusetts purchase an additional 5,000 beds and associated supplies. The numbers will be continuously updated probably every six months.

It was suggested that people should put together an emergency kit to include:

- Stockpiling of canned and dry food
- Stockpiling of a 30-day supply of prescription medication

Discussion followed and Commissioner Cote replied as follows (in brief):

- Some discussion has taken place with funeral directors and will continue as well as with medical examiners
- It is useful to obtain flu and pneumonia shots for they may provide some immunity against the Pandemic Influenza virus. It was noted that our dilemma is that our vaccine manufacturing system is antiquated. We are still developing vaccines the same way we have since at least 1920 – egg-based technology. Therefore, vaccine will not be available until six to nine months after the actual isolation of the Pandemic Influenza virus so vaccine is not going to be the solution for individuals in the pandemic.
- The World Health Organization (WHO) will probably do the analysis if and when the Pandemic Influenza virus is experiencing human-to-human transmission and isolate and identify it within 7 days time.
- There are quarantine stations in all major hubs across the United States in case of any kind of epidemic-related situation. In the case of the flu, quarantine measures would probably not help since; it takes two to four days for the flu virus to become symptomatic. Quarantine would only slow the Influenza Pandemic by ten days.
- The Department of Public Health works closely with the Department of Public Safety at the state Emergency Site in Framingham during emergency situations.

In closing, Commissioner Cote said in part, "...What we have done is, we have tried to educate as much as possible our community leaders, business leaders, education and health care, and public safety leaders as to the situation, and really our next effort is to get out in the grassroots and work with all of the public-at-large." He said further that the Director, Center for Disease Control and Prevention in Atlanta congratulated the Mass. Department of Public Health on their plan, "She felt that the Massachusetts plan was, by far, the most credible plan for preparedness that she had seen across the country. Council Member Sherman added that he attended an International Conference in which the same thing was said, that Massachusetts was a quantum leap ahead of others in the world in its counter-terrorism efforts."

No Vote/Information Only

The meeting adjourned at 11:20 a.m.

LMH/lmh

Paul J. Cote, Chair